

RECOMMENDATION FOR SUPERVISOR APPOINTMENT

APPOINTMENT OF SUPERVISORS: IC 14 – 32 – 4

Sec. 10. (a) The term of an appointed supervisor is three (3) years.

(b) Before the term of an appointed supervisor expires, the supervisor's position shall be filled as follows:

(1) Not later than November 1, the district supervisors shall recommend to the board in writing one (1) or more individuals qualified to fill the position.

(2) At the first board meeting held after the board receives a recommendation under subdivision (1), the board shall act upon the recommendation.

(3) The board shall notify the supervisors of the appointment made by the board.

("Board" as used in the state statute refers to the State Soil Conservation Board)

Submit by **November 1** to: **Waneta J. Lowe**
Division of Soil Conservation, ISDA
101 West Ohio St., Ste 1200
Indianapolis IN 46204

The Board of Supervisors of the _____ County Soil and
Water Conservation District certify that: NAME _____
ADDRESS _____
CITY, STATE AND ZIP _____, _____ - _____

is a resident of _____ County and recommend him/her
for:

☐

REAPPOINTMENT

He/she attended _____ monthly supervisors' meetings last year.

☐

NEW APPOINTMENT

This appointment is necessary because of

expiration of term ☐ resignation (enclose) ☐

or death ☐ of _____

**We have advised him/her of the duties and responsibilities of the office of supervisor.
We have advised him/her about "Dual Office Holding" and provided a copy of the
Attorney General's Dual Office Holding Guide.**

DISTRICT SUPERVISORS: (signatures)

Date Signed _____

QUALIFICATIONS AND EXPERIENCE

IC 14-32-4-1

(c) To hold the position of appointed supervisor, and individual:

(1) must be of voting age;

(2) must maintain the individual's permanent residence within the district; and

(3) must be qualified by training and experience to perform the duties that this article imposes on supervisors.

_____(_____)_____-_____
(Name) (Phone) (Date of birth)

Education: _____

Occupation or type of business: _____

List conservation and other leadership experience: _____

NEW APPOINTMENTS ONLY - Have the duties and responsibilities of an SWCD supervisor been explained to you? Yes ☐ No ☐

Have you previously served as an SWCD supervisor? Yes ☐ No ☐

If so, give date and reason for termination of last service. _____

REAPPOINTMENTS ONLY – How many years have you served as a supervisor? _____

Please check any of the region, state or national meetings you have attended during the past two years:

Region Supervisors' Meeting ☐ Annual Conference of SWCDs ☐

Supervisors' Workshop ☐ NACD Regional Meeting ☐

NACD National Meeting ☐

If appointed as a supervisor by the State Soil Conservation Board, do you agree to attend supervisors' monthly meetings regularly and carry out your responsibilities as a supervisor to the best of your ability? _____

I currently hold a public service position/office(other than SWCD Supervisor) _____ Yes _____ No (If yes) I have been informed about "Dual Office Holding" and have reviewed a copy of the Attorney General's Dual Office Holding Guide _____ Yes _____ No

(date)

(signature of appointee)